

**Some key requirements to be eligible for financial assistance are:**

1. You must be a resident in the state of Kansas or Missouri.
2. You have a household income (adjusted for family size) of less than or equal to 300% of Federal Poverty guidelines.
3. You must have used all your resources from all other programs (including Medicaid).
4. Completion of an application does not mean you will receive a discount.

**You will need to:**

- Complete this application and return it to a Financial Counselor, along with all other documents noted in the checklist on Page 2.
- Please allow up to 3 weeks for your application to be processed.

\*To discuss payment arrangements, please contact Patient Financial Services at 816-701-5100 or toll free at 866-572-0157\*

**MAIL completed application to:** Children's Mercy Hospital  
 Attn: Financial Counseling Department  
 2401 Gillham Rd  
 Kansas City, MO 64108

**FAX: (816)302-9907** For faxing, please use this page as your cover sheet and write in:

\_\_\_\_\_  
 Your Name                                      Your phone#                                      # of pages

**The following documentation must be included for us to process your application:**

- Picture identification** for the Responsible Party (driver's license or state identification)
- Residency verification** with current address (recent utility bill, state ID, tax returns, check stubs)
- Most recent Income Tax Return**
- Copy of last 3 months of pay check stubs** or a statement of wages on company letter head, signed by your employer(s)
- For families without any income, a signed and dated statement of who provides food and shelter
- For non-US citizens, identification documents (birth certificate, visa, permanent residency card)
- Documentation for any other forms of income not on current Income Tax Returns

For further questions or information:

- Email: [admfc@cmh.edu](mailto:admfc@cmh.edu)
- Call: 816-234-3567
- Find more information online at [www.childrensmercy.org/financialcounseling/](http://www.childrensmercy.org/financialcounseling/)OR
- Visit with a Financial Counselor at one of our locations (Mon-Fri, 9am-5pm):

**Children's Mercy, Adele Hall Campus**  
 2401 Gillham Rd, Kansas City, MO 64108

**Children's Mercy Hospital Kansas**  
 5808 W 110th, Overland Park, KS 66211

**Children's Mercy Clinics on Broadway**  
 3101 Broadway Blvd, Kansas City, MO 64111



**HOUSEHOLD INCOME:**

“Household income” is income for the Responsible Party and all individuals residing in the household as claimed on the Responsible Party's federal income tax return.

Item	Monthly Amount	Whose income?
_____ Salary and Wages	\$ _____	_____
_____ Unemployment Compensation	\$ _____	_____
_____ Workers' Compensation	\$ _____	_____
_____ Social Security and/or Supplemental Security Income	\$ _____	_____
_____ Public Assistance Payments	\$ _____	_____
_____ Veteran's Payments or Survivor Benefits	\$ _____	_____
_____ Pension or Retirement Income	\$ _____	_____
_____ Alimony or Child Support	\$ _____	_____
_____ Interest, Dividends, Rents, Royalties	\$ _____	_____
_____ Income from Estates or Trusts	\$ _____	_____
_____ Educational Assistance	\$ _____	_____
_____ Other Income	\$ _____	_____
<b>TOTAL MONTHLY INCOME:</b>	<b>\$ _____</b>	

**HOUSEHOLD ASSETS:**

“Household Assets” include information on funds readily available to the Responsible Party and all individuals residing in the household as claimed on the Responsible Party's federal income tax return. Assets such as retirement funds, land, buildings, and vehicles are excluded and should not be reported below.

Item	Current Balance
_____ Checking Account	\$ _____
_____ Savings Account	\$ _____
_____ Stocks and/or Bonds	\$ _____
_____ Lump Sum Payments	\$ _____
_____ Other Assets	\$ _____
<b>TOTAL CURRENT VALUE:</b>	<b>\$ _____</b>

**OTHER CONSIDERATIONS:**

Have you applied for Medicaid? **YES/NO** Date applied: \_\_\_\_\_ Outcome: \_\_\_\_\_

Was your treatment at the Hospital due to an accident (auto, work related, crime victim)? **YES/NO**

**RESPONSIBLE PARTY EXPLANATION, REQUEST, AND ADDITIONAL INFORMATION:**

Please use this section to explain any circumstance that makes payment of your financial responsibility a financial hardship. Please also provide any other information that you feel would be helpful in reviewing your request for assistance. You may also wish to attach additional documentation that may support your application.


If I am approved for financial assistance, The Children's Mercy Hospital reserves the right to reverse this discount should any third party payer or carrier pay on my account(s) partially or in its entirety. I understand that it is my responsibility to report to the Hospital, within 30 days, any change in my Household Income or other factors that may impact eligibility for financial assistance from the Hospital. I certify that the information given on this application and any attached supporting documentation is accurate and complete to the best of my ability. Should the Hospital become aware of any misrepresentation, I understand that any discount received will be reversed and I will be responsible for any remaining balance(s). I authorize the Hospital to investigate the information in reviewing my application for financial assistance and authorize the release of any information necessary to determine my eligibility.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of Patient/Parent/Legal Guardian                      Relationship                      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of Patient/Parent/Legal Guardian                      Relationship                      Date

**OFFICE USE ONLY**

Percent of FPL: \_\_\_\_\_                      Approved/Denied: \_\_\_\_\_                      Date: \_\_\_\_\_

Financial Counselor: Printed Name: \_\_\_\_\_                      Signature: \_\_\_\_\_

**Notice of Nondiscrimination**

The Children's Mercy Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Children's Mercy Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Children's Mercy Hospital:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified medical interpreters
  - Information written in other languages

If you need these services, contact The Children's Mercy Hospital Language Services Department at: 816-234-3474.

If you have indicated your need for interpreter services at the time of scheduling, interpreter services will be coordinated for you in advance. However, should you need interpreter services at another time, please contact The Children's Mercy Hospital at the above phone number.

If you believe that The Children's Mercy Hospital has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Patient Advocate Department  
2401 Gillham Road  
Kansas City, MO 64108  
Phone: 816-234-3119  
Fax: 816-460-1091  
Email: [patientadvocate@cmh.edu](mailto:patientadvocate@cmh.edu)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Patient Advocate Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail/phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.